



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

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Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$102938090
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$102938090

2. Deductions From Revenue

Contractual Allowance	\$76779195
Other Deductions	\$256318
Total Deductions	\$77035513

3. Total Operating Revenue

Net Patient Service Revenue	\$25902577
Other Operating Revenue	\$977120
Total Operating Revenue	\$26879697

4. Operating Expenses

Salaries and Wages	\$12728937	Employee Benefits	\$1686144
Depreciation and Amortization	\$624211	Interest Expense	\$2494
Bad Debt	\$0	Other Expenses	\$12019390
Total Operating Expenses	\$27061176		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-181479	Total Assets	\$11092360
Net Non-operating Gains over Loss	\$-465150	Total Liabilities	\$20939017

Total Net Gains	\$-646629
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$53983746	\$40438549	\$13545197
Medicaid	\$12725754	\$10062772	\$2662982
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$36228590	\$26534192	\$9694398
Total	\$102938090	\$77035513	\$25902577

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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